

BASEBALL SOLUTIONS

*required: Child's Name _____ Birth date _____

*required dad's name: _____ email _____ cell # _____

*required mom's name: _____ email _____ cell # _____

Emergency contact if different from above: name _____ cell# _____

Medical Waiver and Release of Liability

Whereas _____ (ballplayer) has a desire to participate in various activities and workouts hosted at the Player Development Strategies / Baseball Solutions indoor academies and the undersigned player fully understands the risk involved and that it is possible for participants to sustain serious injury during the course of said exercises and workouts. Now therefore, in consideration of the opportunity to participate in the aforementioned exercise and workouts, I fully covenant not to sue and forever discharge PLAYER DEVELOPMENT STRATEGIES LLC, Baseball Solutions, the Austin Baseball Club, its officers, coaches, managers, trainers, physicians, players, as well as other PLAYER DEVELOPMENT STRATEGIES LLC, Baseball Solutions, the Austin Baseball Club, heirs and next of kin for any and all loss or damage and any claims or demands therefore on account of all injury to the person or property or resulting in the death of the undersigned, whether caused by negligence or otherwise. Further, there may be other risks not known to the Participants and not reasonably foreseeable at this time. The participants have considered the nature and extent of the risks involved and voluntarily choose to assume all such risks, both known and unknown, even those risks that result from the negligence of the Released Parties (defined below) or others and assume full responsibility for my participation in the events. The Participants, for themselves and on behalf of their heirs, estate, insurers, successors and assigns, hereby release by my authority, indemnify and hold harmless Baseball Solutions, it's affiliates, officers, directors, shareholders, employees, agents, associates, contractors and representatives, and the successors, assigns, and insurers of such entities, and any sponsors, advertisers, owners or lessors of premises used in connection with the events (collectively, the "Released Parties") with respect to any and all claims or causes of action participants may have for damages for personal or bodily injury, disability, death, loss or damage to person or property, whether arising from the negligence of any or all of the related parties or otherwise, to the fullest extent permitted by law.

I give my consent and approval for the participation of my child in *PDS / Baseball Solutions training* and activities. I certify that my child is physically fit to take part in all activities. I release Player Development Strategies LLC, Baseball Solutions, and the Austin Baseball Club, it's officers, and staff from all responsibility in case of accident or injury. I HAVE READ THE ABOVE WAIVER AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS

X _____ date _____

Part 2

_____(initial) **Media Release:** Ball players who access the Baseball Solutions academies understand that from time to time activities may be photographed, videotaped, or otherwise recorded, and I agree that Baseball Solutions may use likeness for marketing (in any form and without regard to distortions of character, form or color, or any other alteration) in photographs, videotapes, audiotapes, and other media, without any additional consideration to the Participants or to any third party.